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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

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<p align="center">DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p><input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)</p>	Attorney Docket Number	MTS5003USPCT
	First Named Inventor	Harry Malyska et al.
	<i>COMPLETE IF KNOWN</i>	
	Application Number	10/582,887
	Filing Date	June 14, 2006
	Group Art Unit	1645
Examiner Name		Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REDUCING TIME TO RESULT FOR BLOOD BANK DIAGNOSTIC TESTING
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 12/17/2004 as United States Application Number or PCT International Application Number PCT/US2004/042531 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/531,645	12/22/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented
		Patented
		Patented

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AND

☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Catherine Kurtz Gowen at telephone number (732) 524-2681.

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Harry

Family Name
or Surname Malyska

Inventor's
Signature

Date

Residence: City Coral Springs

State Florida

Country USA

Citizenship USA

Mailing Address 4866 Northwest 100 Terrace

City Coral Springs

State Florida

ZIP 33076

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Paula

Family Name
or Surname Howard

Inventor's
Signature

Date

Residence: City Boynton Beach

State Florida

Country USA

Citizenship USA

Mailing Address 4399 Sunset Cay Circle

City Boynton Beach

State Florida

ZIP 33436

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

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Filing Date (MM/DD/YYYY)

60/531.645

12/22/2003

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Application Serial No.

Filing Date

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City:

State:

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Harry		Family Name or Surname Malyska		
Inventor's Signature		Date		
Residence: City	Coral Springs	State	Florida	Country USA
Mailing Address 4866 Northwest 100 Terrace				
City	Coral Springs	State	Florida	Country USA
ZIP		33076		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Paula		Family Name or Surname Howard		
Inventor's Signature <i>Paula Howard</i>		Date <i>6/12/07</i>		
Residence: City	Boynton Beach	State	Florida	Country USA
Mailing Address 4399 Sunset Cay Circle				
City	Boynton Beach	State	Florida	Country USA
ZIP		33436		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State		Country
Mailing Address				
City		State		Country